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WGU D236 Objective Assessment Pathophysiology Exam (New 2023/ 2024 Update) Real Questions and Verified Answers| 100% Correct| Grade A

QUESTION

What are potential complications of Albinism? How can these complica- tions be treated or mitigated?

Answer:

Complications of albinism include skin cancer and visual problems. Melanin is involved in eye development and lack of melanin can lead to problems with depth perception and focusing. UV damage to skin and eyes in people with albinism may be mitigated by limiting UV exposure and usage of sunscreen and sunglasses. Frequent checkups for skin abnormalities and vision problems should be conducted. Certain visual motor issues caused by albinism may be treated through surgery.

QUESTION

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What are potential complications of burns? How would you prevent or lessen these complications?

Answer:

Burns damage the skin's outer barrier to infection and can lead to localized infection and sepsis if not treated. Sterilization of the burn area and use of sterile and antibiotic-containing dressings can prevent burn wound infection. The body undergoes a state of hypermetabolism in order to repair itself after a severe burn, and consumption of nutrients is increased drastically. The loss of fluids through the wound is also common. These nutrients and fluids should be replaced through oral and IV means to prevent loss of perfusion and nutrients to vital organs. Adult respiratory distress syndrome can be caused by damaged lungs and large burn areas, and care should be taken to prevent swelling from blocking airflow. Dead, inelastic tissue can lead to compartment syndrome and said tissue should be excised to prevent loss of blood flow and nerve signals.

QUESTION

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What are the main differences between ischemic and hemorrhagic CVAs? What are the similarities?

Answer:

Ischemic stroke is caused by an embolus that blocks the cerebral artery and causes brain tissue death. Hemorrhagic stroke is caused
by cerebral artery rupture from excessive pressure; blood floods brain tissue, which causes cell death. Ischemic stroke is more common, in 85% of all CVA's. Goal of treatment of ischemic is to remove blockage and goal of treatment of hemorrhagic is to create blood clot to stop internal bleeding. These types of CVAs are similar in their risk factors (hypertension, age, ethnicity etc) and the symptoms they cause.

QUESTION

What are the ways in which the core of ischemic region may spread into the ischemic penumbra region?

Answer:

The ischemic region is the region of the brain deprived of oxygen. The penumbra is the perimeter of that area. Ischemia impairs

cell metabolism and causes glutamate accumulation in the ischemic penumbra. The glutamate opens ion channels and causes an influx of sodium and calcium. The persistent elevation of intracellular calcium activates degradative enzymes and results in cell death, which extends the stroke region.

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QUESTION

How are the bodily locations of CVA symptoms related to location of cerebral damage?

Answer:

The cerebral hemisphere that is damaged is contralateral to the side of the body that displays the symptoms.

QUESTION

Why is it so important to have a patient with a suspected CVA to get a CT scan as soon as possible? Explain while describing treatment options.

Answer:

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Be- cause the treatment needs to begin asap. For ischemic CVA, thrombolytic therapy can begin within 60 minutes with a goal of beginning within 3.5-4 hrs from event. Hemorrhagic CVA treatment needs to create a blood clot asap to stop internal bleeding.

QUESTION

For each of the three types of nerves (sensory, motor and autonomic), de- scribe 1-2 symptoms of neuropathy.

Answer:

Sensory nerves cause numbness, tingling. Motor nerves cause overall weakness, difficulty walking. Autonomic nerves cause GI issues, lightheadedness.

QUESTION

Patients with neuropathy often have poor balance that worsens in the dark or when their eyes are closed. Explain 2-3 ways in which neuropathy causes this reduced balance.

Answer:

Neuropathy causes reduced balance by causing numbness in sensory nerves, by causing lack of feeling in feet and weakness in ankles by affecting motor nerves, and by causing lightheadedness by affecting autonomic nerves

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QUESTION

What are the four different types of intracranial bleeding? How can you distinguish between them?

Answer:

Epidural Hematoma (EDH)-occurs in the space below the skull and above the dura matter. Subdural Hematoma (SDH)-occurs below
dura mater and above arachnoid membrane. Traumatic Subarachnoid Hemorrhage (SAH)-occurs within subarachnoid space Aneurysmal Subarachnoid Hemorrhage (SAH)-occurs within subarachnoid space

QUESTION

What are the six neurodegenerative diseases we discussed? Choose one of the diseases and describe the pathophysiology and symptoms of that disease.

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Answer:
The six neurodegenerative diseases are Parkinson's, Amyotrophic Lateral Sclerosis, Multiple Sclerosis, Huntington's, Guillain-Barre Syndrome, and
Myasthenia Gravis. The pathophysiology of ALS is that upper lower motor neurons become sclerotic and die. Symptoms of ALS include weakness in upper and lower extremities, head drop, speech changes, dysphagia

QUESTION

Describe the pathophysiology of glaucoma. How does it differ from that of age-related macular degeneration? How is sight affected differently in both diseases?

Answer:
In glaucoma, the ciliary muscle is relaxed which causes a build up

of ocular fluid that increases IOP. Increased IOP damages the optic nerve and irreversible vision loss ensues. In AMD, drusen builds up and separates the layers of the RPE cells and choroid and/or new vasculature separates these eye layers and as a result retinal detachment ensues. In glaucoma, peripheral sight is affected and central vision is left in-tact. In AMD, central vision deteriorates and peripheral vision is left in tact.

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QUESTION

Retinal detachment is a serious complication of diabetic retionopathy and AMD. Describe how retinal detachment leads to vision loss.

Answer:
In retinal detachment, the inner layers of the retina break away from retinal epithelial cells and the choroid layer, leading to ischemia of the retina and loss of vision.

QUESTION

Compare and contrast otitus media and Meniere's disease. In the dis- cussion, include the part of the ear affected, the symptoms, general age of people affected, and treatment strategies.

Answer:
Otitis media occurs most commonly in children, it affects the middle ear space, causes earache, fever, hearing loss, and can be treated by antibiotics. Meniere's disease most commonly occurs in individuals

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